

Wolfner Library for the Blind and Physically Handicapped Annual Student Listing Form, 2003-2004

Name and Address of Student	Disability

TO BE COMPLETED BY PROFESSIONAL EDUCATOR

I certify that the students listed above who are eligible for this free library service and have certified individual applications on file with Wolfner Library will be the direct and only recipients of the materials and equipment loaned by Wolfner Library. I understand Wolfner Library will notify the school which, if any, students do not have certified individual applications on file at the library and will provide applications for those students.

Name _____ Title _____

Signature _____

E-mail _____ Date _____

Name of School District _____

Name of School Needing Service _____

Address of School _____

City/ ZIP Code _____

School Phone (____) _____ FAX (____) _____

Send materials to the attention of _____

Revised 7/21/03